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# South Carolina

## JOINT LEGISLATIVE COMMITTEE ON AGING



## 2006 PUBLIC HEARING

Tuesday, February 2, 2006  
Columbia, South Carolina

### MEMBERS

Representative Denny W. Neilson, Chair  
Representative Walton J. McLeod  
Representative Thomas N. Rhoad  
Senator Ronnie W. Cromer  
Senator J. Yancey McGill  
Senator Glenn G. Reese  
Ms. Linda Johnson  
Mr. Ollie Johnson  
Mr. Bill Riser

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Mr. Bill Riser

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Judi Davis  
Lt. Governor's Office on Aging  
1301 Gervais Street, Suite 200  
Columbia, SC 29201  
February, 2006

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# AGENDA

## JOINT LEGISLATIVE COMMITTEE ON AGING

Thursday, February 2, 2006 - 1:00 PM - Room 101, Blatt Building

I. Call to Order

II. Introduction of Committee Members  
Representative Denny Neilson, Chair  
Representative Walton J. McLeod  
Representative Thomas N. Rhoad  
Senator Ronnie W. Cromer  
Senator J. Yancey McGill  
Senator Glenn G. Reese  
Ms. Linda Johnson  
Mr. Ollie Johnson  
Mr. Bill Riser

III. Update of 2005-2006 Legislation

IV. Presentation by Agencies

Cornelia D. Gibbons, Director, Lt. Governor's Office on Aging

Tom Lloyd, Silver Haired Legislature

Janet Agnew, President, Education Association, Retired

Lynnda Bassham, Director of Human Services, Lower Savannah Council of Governments

Lee Shipman, Regional Accounts Manager, Maxim Healthcare Services

Brandolyn Thomas Pinkston, Administrator, SC Department of Consumer Affairs

Victor Hirth, MD, Medical Director of Geriatric Services, USC School of Medicine

Eileen Hayward, SC Advisory Council on Aging (remarks to be presented by Cornelia Gibbons on Ms. Hayward's behalf)

Lynn Stockman, SC Association of Council on Aging Directors

Teresa Arnold, AARP - SC

Others by recognition of the Chair

Joint Legislative Committee on Aging  
2006 Public Hearing  
Thursday, February 2, 2006  
Room 101, Blatt Building  
Columbia, South Carolina

Call to Order and Opening Remarks

Representative Denny W. Neilson

Representative Neilson called the public hearing to order. She welcomed everyone to the meeting and thanked them for their interest in the seniors of our state. She thanked her legislative aid, Kay Hunter, for her assistance with coordinating the public hearing, and Judi Davis from the Lt. Governor's Office on Aging for recording the hearing.

Representative Neilson introduced the Committee members present:

Representative Walton J. McLeod, Representative Thomas N. Rhoad, Senator J. Yancey McGill, Mr. Bill Riser, Mr. Ollie Johnson, Senator Ronnie W. Cromer and Senator Glenn G. Reese Absent: Ms. Linda Mitchell Johnson

Update of 2005-2006 Legislation

Session 116 - (2005-2006)

H 3221 General Bill, By Clemmons, Rice, Simrill, Mahaffey, Wilkins, Harrell, Harrison, Cato, J. Brown, Townsend, Edge, Merrill, Chellis, Ott, R. Brown, Mack, Barfield, Witherspoon, Duncan, M.A. Pitts, Owens, Chalk, Bailey, Ceips, Haley, Viers, Hardwick and Toole

A BILL TO AMEND ARTICLE 5, CHAPTER 6, TITLE 44 OF THE CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO THE SOUTH CAROLINA RETIREES AND INDIVIDUALS POOLING TOGETHER FOR SAVINGS ACT (SCRIPTS), SO AS TO CHANGE THE NAME OF THIS ACT TO THE SOUTH CAROLINA RETIREES AND INDIVIDUALS POOLING TOGETHER FOR SAVINGS-SILVERXCARD ACT AND TO PROVIDE THAT THE SCRIPTS-SILVERXCARD PROGRAM MUST COORDINATE WITH MEDICARE PART D TO PROVIDE TO LOW INCOME SENIOR RESIDENTS ASSISTANCE WITH THE COST OF PRESCRIPTION DRUGS, TO REQUIRE THAT A PARTICIPANT BE ENROLLED IN A MEDICARE PART D DRUG PLAN, TO CLARIFY OTHER ELIGIBILITY CRITERIA, TO SPECIFY THAT AN ENROLLEE IS ENTITLED TO BENEFITS WHEN THE ENROLLEE'S ANNUAL OUT-OF-POCKET DRUG EXPENSES REACH THE POINT THAT STANDARD MEDICARE PART D BENEFITS ARE NO LONGER AVAILABLE AND THAT BENEFITS TERMINATE WHEN THE PARTICIPANT'S ANNUAL OUT-OF-POCKET EXPENSES REACH THE POINT THAT CATASTROPHIC MEDICARE PART D BENEFITS ARE AVAILABLE, AND TO PROVIDE THAT IF REVENUE IS GENERATED FOR THE PROGRAM FROM OTHER SOURCES, THIS ADDITIONAL REVENUE MUST BE USED TO FUND PROGRAM BENEFITS AND MAKE PAYMENTS, AS MAY BE REQUIRED, UNDER THE FEDERAL MEDICARE PRESCRIPTION DRUG, IMPROVEMENT AND MODERNIZATION ACT OF 2003; AND TO REPEAL CHAPTER 130, TITLE 44, RELATING TO THE SOUTH CAROLINA SENIORS' PRESCRIPTION DRUG PROGRAM ACT.

View full text

12/22/04	House	Prefiled
12/22/04	House	Referred to Committee on Ways and Means
01/11/05	House	Introduced and read first time HJ-135
01/11/05	House	Referred to Committee on Ways and Means HJ-135
01/12/05	House	Member(s) request name added as sponsor: Wilkins, Harrell, Harrison, Cato, J.Brown, Townsend, Edge, Merrill, Chellis, Ott, R.Brown, Mack,

Barfield, Witherspoon

02/01/05 House Member(s) request name added as sponsor: Duncan, M.A.Pitts, Owens, Chalk, Bailey, Ceips, Haley, Toole, Viers, Hardwick

05/11/05 House Committee report: Favorable with amendment Ways and Means HJ-14

05/12/05 Scrivener's error corrected

05/17/05 House Amended HJ-41

05/17/05 House Read second time HJ-43

05/18/05 House Read third time and sent to Senate HJ-62

05/18/05 Senate Introduced and read first time SJ-5

05/18/05 Senate Referred to Committee on Finance SJ-5

02/01/06 Senate Committee report: Favorable with amendment Finance SJ-44

02/02/06 Senate Amended SJ-15

02/02/06 Senate Read second time SJ-15

02/02/06 Senate Unanimous consent for third reading on next legislative day SJ-15

02/03/06 Senate Read third time and returned to House with amendments SJ-3

02/09/06 House Concurred in Senate amendment and enrolled HJ-27

**H 4306 General Bill, By Altman, Bailey and Loftis**

A BILL TO AMEND SECTION 12-6-1170, AS AMENDED, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO THE RETIREMENT INCOME DEDUCTION AND THE DEDUCTION ALLOWED PERSONS WHO HAVE ATTAINED AGE SIXTY-FIVE FOR PURPOSES OF THE STATE INDIVIDUAL INCOME TAX, SO AS TO ALLOW AN EXEMPTION EQUAL TO ONE HUNDRED PERCENT OF TAXABLE INCOME FOR TAXPAYERS WHO HAVE ATTAINED THE AGE OF SIXTY-FIVE YEARS, TO ALLOW THIS EXEMPTION FOR MARRIED PERSONS FILING A JOINT FEDERAL INCOME TAX RETURN WHEN ONE SPOUSE HAS NOT ATTAINED THE AGE OF SIXTY-FIVE YEARS, AND TO ALLOW THE EXEMPTION FOR A SURVIVING SPOUSE.

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11/16/05 House Prefiled

11/16/05 House Referred to Committee on Ways and Means

01/10/06 House Introduced and read first time HJ-23

01/10/06 House Referred to Committee on Ways and Means HJ-24

## Executive Summary

Oral and/or written testimony was received from twelve participants. Presenters in order of appearance and a brief synopsis of information presented are as follows:

### André Bauer – Lt. Governor of South Carolina

- Cost of Health Care: The evidence is mounting up. The key to dire financial forecasts about potential health care costs is personal responsibility about diet and exercise. Encourage seniors to adopt better lifestyle decisions in terms of proper diet and moderate, regular exercise such as walking. Experts say diet and exercise enhance the quality of life for seniors. Each year 25,000 seniors in our state will fall, costing \$150 million in hospital care alone. The prime way to prevent these injuries and deaths involves more calcium to strengthen bones and exercise to improve balance and muscle strength.
- Long term care insurance - Provide tax incentives to encourage people to buy long term care insurance.
- Seniors as economic engine - SC ranks fifth nationally in the in-migration of mature adults. They are an economic engine, not just because they average \$100,000 in income and \$1 million in assets, but also because they are buying homes, furniture, automobiles, and starting new businesses.
- SC Access - Many South Carolina families are concerned today about how to provide care for older family members and friends. SC Access is an Internet directory of local services for seniors, people with disabilities, and their families. You may find it at [www.scaccesshelp.org](http://www.scaccesshelp.org) and it can lead you to services available within your county.

### Cornelia D. Gibbons, Director, Lt. Governor's Office on Aging

- Success of the Geriatric Loan Forgiveness Program – Developed to increase the number of geriatric physicians in our state. SC is the first in the nation to have this program and was recognized as such at the national White House Conference on Aging. Nine applications have been received so far for the four awards this spring.
- Medicare drug prescription program – Large volume of calls coming into LGOA and Area Agencies on Aging. Program has been difficult for some seniors to understand. LGOA's insurance counseling staff has worked very hard to assist seniors and their families in understanding and enrolling in the program.
- Emergency Rental Assistance Program – LGOA launched this program from a grant funded by the State Housing Finance and Development Authority to help seniors in crisis with rental payments and the program has been successful.
- "Senior Cube" research database – developed with Budget & Control Board's Office of Research and Statistics and is powerful research tool to draw demographic, socio-economic, geographic, and health care information on seniors together in one database to allow researchers to get accurate data about senior population in South Carolina.
- Legislative Agenda for 2006
  1. \$140,000 in recurring funding for Geriatric Loan Forgiveness Program.
  2. \$780,498 and 13 FTE positions to fulfill mandate that LTC Ombudsman Program investigate reports of abuse, neglect, or exploitation in DMH and DDSN facilities.

3. Restore bingo tax revenue from 7.05% back to 12%.
4. Pass legislation to close the loophole in bingo tax revenue.

#### Tom Lloyd, Silver Haired Legislature

##### 2006 Resolutions for South Carolina General Assembly

- Senior Transportation for an affordable fee
- Criminal background checks for in-home and adult day care providers
- Senior prescription assistance drug program
- Increased funding for in-home and community-based services
- Increased funding for abused elderly

#### Janet Agnew, Education Association, Retired

- Increase in guaranteed annual COLA
- Increase retirement benefits
- Improve health, dental, and prescription drug insurance
- Full funding of the Education Finance Act of 1977
- Public money for public schools only
- More equitable SC tax structure

#### Lynnda Bassham, Lower Savannah Council of Governments

- Continue to improve access to information and assistance for seniors and their families
- Transportation – South Carolina's transportation resources are under-funded, often un-coordinated and many times non-existent in rural areas
- Expand community-based services

#### Lee Shipman, Maxim Healthcare Services

- Requested consideration of an additional exemption clause under the state's Home Health Certificate of Need requirements for providers who meet the following criteria:
  1. Private duty providers who presently participate in state-funded home and community based waiver programs and have provided services in the state for five consecutive years, starting January 1, 2001.
  2. Those providers accredited by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) or similar accrediting entity.
  3. Future locations of provider are exempt provided that the provider's participation among waiver programs continues within the service area of the new location.
  4. Expanded locations will have a 36 month grace period to become JCAHO accredited.

#### Brandolyn Thomas Pinkston, SC Department of Consumer Affairs

- Issues of abusive, financial and fraudulent marketing practices that affect seniors:
  1. Predatory lending
  2. Deceptive prize promotions
  3. Lottery clubs
  4. Bogus charities
  5. Business opportunity fraud



6. Credit card loss protection/identity theft
7. The internet

Victor Hirth, MD, Medical Director of Geriatric Services, USC School of Medicine

- Expansion of community based services to keep seniors as independent as possible
- Fund the geriatric loan forgiveness program annually as a budget line item
- Increase research on seniors – they are the most understudied group of all people

Lynn Stockman, SC Association of Council on Aging Directors

- Increase funding to reduce waiting list for community long term care and other community-based services

Teresa Arnold, AARP South Carolina

- Increase funding for community-based services

Eileen Hayward, SC Advisory Council on Aging (remarks delivered by Cornelia Gibbons on Ms. Hayward's behalf)

- Increase tobacco tax to help offset Medicaid and Medicare cuts

Jim Walker, SC Hospital Association

- Funding for the SC Technical College System, colleges, and universities to expand their capacity for training health care professionals
- Provide incentive funds to encourage health professionals to become teaching faculty

Testimony of  
Lt. Governor André Bauer  
To the public hearing of the  
Joint Legislative Committee on Aging  
February 2, 2006, 1 p.m.  
Room 101, Blatt Building

Thank you for the opportunity to appear before the Joint Legislative Committee on Aging.

I'd like to stress today the importance of personal responsibility.

One of the most sobering presentations I saw at the December national White House Conference on Aging came from David M. Walker, Comptroller of the United States.

Taking "a look at our future, when baby boomers retire," he added up the projected fiscal exposure of known Social Security and Medicare costs, and he compared it to the net worth of our country. Our exposure is \$43.3 trillion, and our worth is \$48.5 trillion.

Obviously these numbers come from trends based on current behaviors. However, if we as individuals were to take more personal responsibility for our health, we certainly could influence these dire financial forecasts about potential health-care costs.

Just as the longest journey starts with one step, every person holds the key to our collective future. For instance, if people choose to work a bit longer, either before or after retirement, then there will be an impact on Social Security payments. In the same way, if individuals will make simple, positive changes in their lifestyle by choosing moderate exercise and healthy diet, then we can reduce our future health care costs dramatically.

In our state, three health programs pay more than \$5 billion annually to purchase health care services for seniors. That's almost equal to the total state budget and comes from Medicare (\$3.5 billion), Medicaid (\$1 billion), and the state health plan's payments for retirees (\$1 billion). If many people were to choose better, then even small percentage savings of these large health expenses could be significant savings.

The federal government has just issued a new report on the importance of prevention. It is "Health Promotion and Disease Prevention for Older Adults: Programs That Work."

It says, in part, that Americans are living longer than ever before. Millions can now look forward to years of life that their parents or grandparents did not enjoy. Poor health, in fact, is no longer accepted as an inevitable consequence of aging. The number of older Americans is greater than ever before, and today's older Americans constitute the healthiest generation of older adults ever. As the number of people over age 65 continues to grow, however, the nation and all its institutions and organizations face a major challenge: meeting the needs of an unprecedented number of older adults.

Without proper management, chronic health conditions -- such as arthritis, high blood pressure, diabetes -- can rob people of important functional abilities, limit their activities, and make individuals dependent on others for care. Fortunately, however, research has identified methods and programs that can help older persons live healthier lives despite

chronic conditions. According to extensive evidence, changes in lifestyle and other low-cost preventive measures effectively reduce the risk of disease, disability, and injury, as well as the cost of health care for older Americans. Making these methods widely known and available to the older population is therefore crucial to preparing society to meet the needs of its aging population.

That's why I have been working hard to encourage seniors to adopt better lifestyle decisions in terms of proper diet and moderate, regular exercise such as walking. The experts say diet and exercise enhance the quality of life. In some cases they can save lives. Each year 25,000 seniors in our state will fall, costing \$150 million in hospital care alone. The prime way to prevent these injuries and deaths involves more calcium to strengthen bones and exercise to improve balance and muscle strength.

Similarly, we are hoping the General Assembly will provide incentives for people who take personal responsibility in their health care, especially if they buy long term care insurance.

Pending national legislation could make it extremely difficult in the future for seniors to access government-paid nursing home care.

It is time to get the wheels turning, get the issue of personal responsibility on the table and get people discussing the need to purchase long term care insurance. We need to create tax incentives to encourage people to buy long term care insurance.

We must encourage people to take responsibility for their future years. We need some enticement for them to buy long term care insurance.

The national cost of tax-supported long term care will mushroom into the \$200 billion range by the end of the decade, and the Congress is in the final stages of tightening Medicaid eligibility requirements for long term care.

In South Carolina 75% of all nursing home beds are funded through Medicaid program. Persuading more people to provide for their long term care needs could hold down future costs to state government, which is required to provide matching dollars for federal Medicaid grants. We need to take a long-range view on this, because it may not help us immediately, but it will help us immensely several years from now.

Meanwhile, let's not forget that our state ranks fifth nationally in the in-migration of mature adults. They are an economic engine, not just because they average \$100,000 in income and \$1 million in assets, but also because they are buying homes, furniture, automobiles, and starting new businesses. They are your neighbors and mine.

This influx of new seniors into our state is one reason why we are now receiving applications by doctors wanting to participate in the a program we passed unanimously through the Legislature last year that creates a loan forgiveness program to encourage doctors with specialized training in geriatric medicine to practice in SC. These doctors will provide specialist care for our 660,000 seniors. We hope to add at least four new geriatricians to the current total of only 30 in our state. The number of seniors will double in the next 19 years, and our loan forgiveness program – which repays the loans of doctors agreeing to stay in our state for five years – is being viewed as a national model.

I also want you to know that the Lt. Governor's Office on Aging has been counseling seniors about the voluntary Medicare Part D prescription drug insurance program. Many seniors who have pharmaceutical coverage through their retirement programs should have received a letter informing them that they have creditable coverage, which means their private insurance is as good as, or better than, the new Medicare plan. Please safeguard that letter. If, in later years, your retirement plan discontinues drug coverage, that letter will enable you to take the Medicare option without penalty.

Seniors have never faced such a time-intense need for help or so many options. They have 56 plans to choose from for their drug coverage, each with different details.

We are getting positive reaction from our PSAs, our assistance from the news media, our participating in telephone call-ins and 1,100 events across the state.

Our goal is to respond to every call within 48 hours. We have added temporary help and are upgrading our telephone technology. Staff is working late and is due a huge pat on the back for their efforts to assist seniors.

Here is where we stand currently:

- 62% of South Carolina's 600,000 Medicare beneficiaries now have drug coverage through the new Medicare Part D prescription drug program or equivalent coverage under their retirement health plan.
- 227,000 seniors and people with disabilities in the state unaccounted for in terms of enrolling in Part D.

They may be on the fence because their prescription needs are so limited that they feel it is cheaper to pay as they go rather than paying an insurance premium, deductibles and co-pays. Or, they could be among the thousands who are calling for help because they are confused by the dozens of plans competing for their enrollment. They could be waiting until close to the May 15 deadline. We want seniors to know that those who sign up after May 15<sup>th</sup> will pay a 1% per month penalty for life.

Let me leave with word about an innovative program that we have brought on line during the past year. Many South Carolina families are concerned today about how to provide care for older family members and friends. We have a wonderful new informational tool at the Lt. Governor's Office on Aging. SC Access is an Internet directory of local services for seniors, people with disabilities, and their families. You may find it at [www.scaccesshelp.org](http://www.scaccesshelp.org) and it can lead you to services available within our county.

Thank you.

**Lieutenant Governor's Office on Aging**  
**Cornelia D. Gibbons, Director**  
**Testimony to the Joint Legislative Committee on Aging**  
**February 2, 2006**

Thank you for giving me the opportunity to address the committee today. It is always a pleasure to come before the Joint Legislative Committee on Aging because I know that you share the vision that we have in the Office on Aging for South Carolina: a state where our seniors can enjoy an enhanced quality of life, contribute to their communities, have economic security and receive those supports necessary to age with choice and dignity. It's also exciting to be able to update you on the many initiatives and opportunities that have gelled since your last meeting in May 2005.

Last May I spoke about many accomplishments achieved under the leadership of our Lt. Governor, André Bauer, and presented an overview of the demographic changes and related policy issues that provide our state with both opportunities and challenges. Today I would like to highlight several critical issues, ask your support for our legislative agenda for 2006 and brief you on the White House Conference on Aging.

Let me begin with the success of the Geriatric Loan Forgiveness Program that you passed last session. This program, as you may recall, was developed to increase the number of geriatric physicians practicing medicine in South Carolina with a long range goal to improve health outcomes for our senior population. Our advisory board members from MUSC and the USC School of Medicine report that the applications for their geriatric fellowship programs have outstripped the number of slots available for the first time in years. And, we already have 9 applications for the four awards we will make this spring. It's working. And, let me tell you that we are a national model – the first in the nation – and were so recognized at the 2005 White House Conference on Aging. While the Congress is debating this same issue, South Carolina has already begun the program.

Another critical area that the Office on Aging is working on right now involves our federally mandated efforts to educate and inform South Carolina seniors about the new drug benefits available to them under Medicare Part D.

It's no secret that the implementation of the Medicare drug program has not been without some problems. The dedicated staff of our I-CARE Insurance Counseling program has done a tremendous job of helping people navigate this system successfully. When Centers for Medicare and Medicaid Services (CMS) Administrator Dr. Mark McClellan spoke to the White House Conference on Aging about the new Medicare Drug program, again our state was recognized as a leader on this issue.

As of mid-January, we know that approximately two-thirds of the more than 600,000 people in South Carolina currently eligible for Medicare drug coverage have benefited from Part D, and we are taking steps to make certain that those other 200,000 folks who have not yet made up their minds about enrolling will have the information and help they need to make a decision before the May 15 deadline. This month, a special newspaper insert with information about Medicare Part D, as well as other useful information for seniors, will be distributed to more than a million households.

This past year also saw the successful launch of the new Emergency Rental Assistance Program for seniors, funded by a grant from the State Housing Finance and Development Authority and administered by our office.

One other extremely exciting project that the Office on Aging has embarked on over the past year is the "Senior Cube" research database. Developed with the Budget and Control Board's Office of Research and Statistics with a \$70,000 private grant from the Duke Endowment, the Senior Cube is a powerful research tool that draws demographic, socio-economic, geographic and health care information from many sources and brings it together into a single, searchable database. This tool will allow researchers to get extremely accurate data about our senior population and provide policy makers with evidence-driven conclusions about the effects of different programs or policies on senior health outcomes.

Our legislative agenda for 2006 is closely tied to our budget request.

First, we have asked for \$140,000 in recurring funding for the Geriatric Loan Forgiveness program. This was included in the Governor's Executive Budget. For the reasons I just mentioned, this investment in the future makes good sense. In a related proviso request, we've also asked that the advisory board be able to carry forward the funding for this program when necessary.

More complicated is our request for \$780,498 and 13 FTE positions for the Long Term Care Ombudsman program in order to fulfill the mandate of the South Carolina Adult Omnibus Protection Act that requires the LTC Ombudsman to conduct investigations of reports of abuse, neglect or exploitation of vulnerable adults in facilities owned or contracted by the South Carolina Department of Mental Health and the South Carolina Department of Disabilities and Special Needs.

South Carolina is the only state where the Aging LTC Ombudsman has this responsibility. Since this Act has never been funded by the General Assembly, we continue to operate the program using a Memorandum of Agreement with DDSN and DMH that allows them to conduct their own internal investigations of these complaints and report their findings to us. We then forward cases to SLED or the Attorney General's Office for further investigation when appropriate.

An in-depth study and report by the non-profit group Protection and Advocacy for People with Disabilities released earlier this year, *Unequal Justice for South Carolinians with Disabilities: Abuse and Neglect Investigations*, made clear the need to have these investigations conducted by an outside entity, rather than by staff and employees of the agencies themselves. We agree that an independent agency should conduct these investigations.

This issue is complicated because both the LGOA and SLED have responsibilities. SLED must investigate criminal acts. Only qualified law enforcement personnel can make a determination about whether a case meets the definition of a criminal act under the OAPA.

The Governor's Executive Budget includes additional funding for SLED to take on the responsibility of these investigations. The Office on Aging supports any solution to this problem, so long as it results in independent investigations of these incidents with clear lines of authority for pursuing those cases that meet the definition of criminal acts under the Omnibus Adult Protection Act. SLED may be the most appropriate agency to have primary investigative responsibility for these cases, with the Ombudsman Office playing a role only in those cases that are determined to be non-criminal in nature. In that case, the

Ombudsman program would only require funding and new positions at a level to support that smaller scope of responsibility. The Act itself would also need to be amended to reflect SLED's primary role in enforcing the adult protection statutes.

Let me take this opportunity to thank you for your support of the Ombudsman program last year. This new funding certainly came at the right time. The number of complaints increased from 5,251 in 2,004 to 8,407 in 2005 – a total of 3,156 additional complaints. But, it's very important to add that while the complaints increased, the number of verified cases dropped from 2,547 to 2,150. (397). The incidence of abuse has not increased, but awareness and concern certainly have. We have hired the 5 new Ombudsmen and our new Volunteer Ombudsman Program is up and running, with 26 volunteers having completed the necessary training and background checks, and 70 long term care facilities signed up to participate in the program. The volunteer program was established without legislation and funded by redirecting monies within the current Aging Office budget.

We have also asked that the percentage of funding from bingo tax revenue that our regional Area Agencies on Aging can use to purchase aging services from local providers be restored from 7.05 % back to 12%. Prior to the Bingo Tax Act of 1996, Aging services received 12.5 % of the bingo revenue not allocated to the Senior Center Permanent Improvement Fund.

Research by the Office on Aging and the State Office of Research and Statistics shows a strong correlation between access to the low-cost home and community-based services funded through the tax on bingo games and reduction in emergency room and inpatient hospitalization rates. In short, investing more in services such as congregate and home delivered meals, home care, transportation and others that allow older citizens to stay in their homes longer will save healthcare dollars in the long run. Based on the bingo revenue from 2005, increasing the percentage allocated to community-based services to 12% would allow an additional 247 seniors access to a nutritious meal 5 times a week.

Representative Herb Kirsch has introduced legislation H 4210 that would close a loophole in the bingo licensing regulations that currently allows millions of dollars of bingo card sales to go totally untaxed. Passage of Rep. Kirsh's bill in conjunction with a restoration of the percentage of bingo revenue set aside for direct aging services would provide for a significant investment in the future health of South Carolina's frail elderly, with the potential to save the state millions in future healthcare costs.

An additional \$3.9 million in state funding for aging services could totally eliminate current waiting lists for these services. By contrast, if current levels of funding remain flat and our senior population continues to grow at the expected rate, waiting lists for these services will inevitably increase and we will have wasted an opportunity to keep thousands of our citizens healthy and out of expensive hospital rooms and nursing home beds for longer. In fact, a recent study by the Centers for Disease Control reports that "according to extensive evidence, changes in lifestyle and other low-cost preventive measures effectively reduce the risk of disease, disability, and injury, as well as the cost of health care for older Americans." Exercise and good nutrition are the best tools we have for preventing chronic illness.

Now let me briefly mention some concerns raised recently by Ron Osborne regarding disaster preparedness especially as this relates to our vulnerable senior population. Our office is a key player in disaster response and actively staffs the EOC. We share Mr. Osborne's concerns that we are not prepared to evacuate and shelter our senior population. Transportation for seniors is the crux of the problem. All residential care facilities must have

a disaster plan that includes transportation contracts/plans. The problem is that the number of qualified transportation providers is limited so that if we face a Katrina size storm, we may not be able to evacuate all facilities in a timely manner. A further problem is assisted living facilities. The assumption is that these residents are mobile and can move without assistance. This is not the reality and was a real problem in our sister states last summer. The other problem is seniors who don't feel able to drive themselves if they face heavy traffic and long times on the highways. They will elect to stay at home. We need some kind of mass transit system to evacuate seniors to shelters. In the interest of time, I won't go into more detail today. But, I must caution you and say that Ron Osborne is correct. South Carolina is not as prepared as we should be.

Last, but certainly not least, let me provide you a copy of the top ten recommendations from the 2005 White House Conference on Aging. The White House Conference is called by the President approximately every 10 years to make recommendation on the pressing issues of today and the future. You will see from the list that the national issues are consistent with our South Carolina issues. We will continue to work with our Congressional delegation to support policies that meet our vision for South Carolina.

Thank you again for giving me the opportunity to speak today. We appreciate your support for our seniors and look forward to continuing to work together to make South Carolina a place where seniors age with choice, dignity and security.

Cornelia D. Gibbons, Director  
Lt. Governor's Office on Aging  
1301 Gervais Street, Suite 200  
Columbia, SC 29201

803-734-9910



# 2006 Legislative Priorities of the



*Bringing together the wisdom and experience of older South Carolinians*



The seventh session of the SCSHL was held  
in the Chambers of the South Carolina House  
of Representatives on September 13-15, 2005.

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# South Carolina Silver Haired Legislature

Thomas Wm. Lloyd

*Speaker 2003-2007*

The South Carolina Silver Haired Legislature, created in 1999 by statute, is one of 31 state groups in the United States including the District of Columbia, Puerto Rico, and the Virgin Islands. Seniors in the state of Missouri formed the first Silver Haired Legislature in 1973.

The South Carolina Silver Haired Legislature, a unicameral body with the potential of having 76 representatives and 76 alternates from the counties of the state, was created by the General Assembly initiating in the House of Representatives and signed by Governor James H. Hodges. (Act 84, 6 /11/99) Focus groups involved in the forming of the South Carolina Silver Haired Legislature were the SC Area Agencies on Aging Association, SC Council on Aging Directors Association, SC Federation for Older Americans and the SC Department of Health and Human Services Office of Senior and Long Term Care.

The South Carolina Silver Haired Legislature was created:

- To identify issues, concerns and possible solutions for problems facing the aging population in South Carolina;
- To make recommendations to the Governor, General Assembly and various Departments and agencies on aging;
- To arrange and participate in educational forums to explore issues related to older South Carolinians;
- To promote good government for all South Carolinians;
- To carry out its purposes and activities on a nonpartisan basis; and
- To conduct its general assembly sessions annually in the State Capital.

The South Carolina Silver Haired Legislature held its first organizational and orientation meeting for its members on July 14, 1999 at the Capital Senior Center in Columbia, SC. All legislative sessions have been held at the State Capitol in the chambers of the SC House of Representatives. Regional member caucuses meet throughout the year. During this time the members prepare resolutions (similar to bills) to be presented to the Speaker, who then, based on the topics, dispenses them to six named committees in which all members can participate. The legislative committees then debate their resolutions and present three to the Speaker. These resolutions are presented to the membership for discussion, voting, and listing in priority order for presentation to the SC General Assembly, the Governor, and others in South Carolina.

Regional area caucuses work with the Area Agencies on Aging, which play an important role in the ongoing local activities. Each AAA assists the regional caucus of representatives and alternates with issues affecting SC seniors and in the coordination of interests through development of resolutions to be presented in Columbia for discussion and confirmation.

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## **History and Text of Bill Creating South Carolina Silver Haired Legislature**

General Bill #3477 introduced in the House of Representatives 1999-02-04

Primary Sponsor: Neilson

Other Sponsors: Seithel, Sharpe, J. Brown, J. Smith, R. Smith, Rhoad, Lucas, Davenport, Lee, Mason, Altman, Keegan, Harrison, McCraw, Clyburn, J. Hines, Bales, Lourie, Lanford, Bauer and Tripp

Ratification #153 - passed both bodies: 1999-06-09

Act #84 - signed by Governor: 1999-06-11

**AN ACT TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 43-21-190 SO AS TO CREATE A NONPARTISAN MODEL LEGISLATURE ON AGING ISSUES TO BE ADMINISTERED BY THE SOUTH CAROLINA SILVER HAIRED LEGISLATURE, INC.; TO PROVIDE FOR THE PURPOSES OF THE LEGISLATURE; AND TO PROVIDE THAT PARTICIPANTS MUST BE SELECTED PURSUANT TO PROCEDURES ADOPTED BY THE SOUTH CAROLINA SILVER HAIRED LEGISLATURE IN COORDINATION WITH THE STATE'S NETWORK OF AGING PROGRAMS.**

Be it enacted by the General Assembly of the State of South Carolina:

### **Silver Haired Legislature established**

SECTION 1. The 1976 Code is amended by adding: "Section 43-21-190. There is created a model legislature on aging issues to be administered by the South Carolina Silver Haired Legislature, Inc. This model legislature shall: (1) identify issues, concerns, and possible solutions for problems facing the aging population in South Carolina; (2) make recommendations to the Governor and members of the General Assembly and to the Joint Legislative Committee on Aging; (3) arrange educational forums to explore issues related to older South Carolinians; (4) promote good government for all South Carolinians. The participants must be sixty years of age or older and must be selected pursuant to procedures adopted by the South Carolina Silver Haired Legislature, Inc., in coordination with the state's network of aging programs. The nonpartisan model legislature shall conduct its general assembly annually."

### **Time effective**

SECTION 2. This act takes effect upon approval by the Governor.

Ratified the 9th day of June, 1999

Approved the 11th day of June, 1999

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# In Memory of...

James J. Califf, Horry County

Frank B. Cartee, Pickens County

Dorothy H. Dukes, Dorchester County

Michael J. Radar, Beaufort County

Cyril (Cy) J. Kaemmerlen, Cherokee County

Henrietta Massey, York County

Charles A. McCann, Florence County

Ivan Miller, Richland County

Elizabeth Scruggs, Williamsburg County

Judson M. Terrell, Greenville County

Claude Vernon, Chesterfield County

R. A. "Gus" Wentz, Anderson County

Joseph R. "Joe" Wilder, Barnwell County

# South Carolina Silver Haired Legislature

## 2005-2007 Board of Directors

**Speaker** – Tom Lloyd – Lexington

**Speaker Pro Tem** – Charles McNeill – Lexington

**Secretary** – Arlis Hinson – Anderson

**Records Clerk** – Hannah Timmons – Richland

**Treasurer** – Henry Baranoski – Horry

**Immediate Past Speaker** – Roy Mathis – Charleston

AREA CAUCUS	CAUCUS CHAIR	MEMBER
#1 - <i>Appalachia</i>	Eugene Bondurant – Greenville	Lamar Bailes – Oconee
#2 - <i>Upper Savannah</i>	Molly Harts – Greenwood	Mary Elizabeth Ouzts – Edgefield
#3 - <i>Catawba</i>	Ted Sowell – Lancaster	Loyce Sutton – York
#4 - <i>Central Midlands</i>	Charles Blakely – Richland	Margarett Brackett – Newberry
#5 - <i>Lower Savannah</i>	Guy Suter – Barnwell	Carolyn Aiken – Orangeburg
#6 - <i>Santee-Lynches</i>	Jesse Coleman – Sumter	Don Teseniar – Sumter
#7 - <i>Pee Dee</i>	Ray Coddington – Marlboro	Christine Carmichael – Dillon
#8 - <i>Waccamaw</i>	Kenny Bingham – Horry	William Bridges – Horry
#9 - <i>Trident</i>	David Unwin – Dorchester	Philip Jones – Dorchester
#10 - <i>Low Country</i>	Gladys Jones – Hampton	Mary Pinkett – Colleton

## Committees of the Board of Directors

Advocacy	Elections	Finance	Judiciary
Charles McNeill, Chair	Arlis Hinson, Chair	Henry Baranoski, Chair	Hannah Timmons, Chair
Kenny Bingham	Charles Blakely	Lamar Bailes	Carolyn Aiken
Margaret Brackett	William Bridges	Ray Coddington	Eugene Bondurant
Molly Harts	Jessie Coleman	Gladys Jones	Christine Carmichael
Loyce Sutton	Philip Jones	Ted Sowell	Mary Elizabeth Ouzts
David Unwin	Guy Suter	Don Teseniar	Mary Pinkett

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# 2006 Resolutions

*to be presented to the Second Session of the 116th General Assembly of South Carolina*

## **1st Priority ~ SENIOR TRANSPORTATION FOR AN AFFORDABLE FEE**

WHEREAS, the South Carolina Senior adult population is increasing rapidly;

WHEREAS, many Seniors who are not eligible for Medicaid transportation live in communities with no access to public transportation for appointments, shopping, or social activities;

WHEREAS, having access to transportation prolongs independent living;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAired LEGISLATURE:  
That the South Carolina General Assembly enact and the Governor sign legislation to fund a transportation program at an affordable fee for the elderly of South Carolina, regardless of financial status.

## **2nd Priority ~ CRIMINAL BACKGROUND CHECKS FOR IN-HOME AND ADULT DAY CARE PROVIDERS**

WHEREAS, many South Carolinians choose to remain in their homes as they age;

WHEREAS, most of these Seniors at some time in their lives require in-home and/or adult day care;

WHEREAS, there are many cases of abuse and criminal behavior perpetrated by some in-home and/or adult day care service providers;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAired LEGISLATURE:  
That the South Carolina General Assembly enact and the Governor sign legislation to require criminal background checks for all paid professional in-home and adult day care service providers and their employees.

## **3rd Priority ~ SC SENIOR PRESCRIPTION ASSISTANCE DRUG PROGRAM**

WHEREAS, the SC Scripts-SilverXCard, which aids low income Seniors with prescription drug assistance, will be eliminated by the Medicare Part D program, effective January 1, 2006;

WHEREAS, the Medicare Part D has a middle coverage gap, commonly referred to as "the doughnut hole";

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WHEREAS, the State Pharmacy Assistance Program, through Proviso, has been enacted by the state of SC, beginning January 1, 2006, to aid low income Seniors through the Medicare Part D coverage gap;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAIRED LEGISLATURE:  
That the South Carolina General Assembly enact and the Governor sign legislation that will coordinate with Medicare Part D to provide low income South Carolinas Seniors assistance with costs for prescription drugs to cover the Medicare Part D coverage gap by making the State Pharmacy Assistance Program permanent, retroactive to January 1, 2006.

***4th Priority ~ INCREASED FUNDING  
FOR IN-HOME AND COMMUNITY-BASED SERVICES***

WHEREAS, the South Carolina older citizen population is growing rapidly;

WHEREAS, most older adults prefer to age in place;

WHEREAS, in-home and community-based services, which are less costly than out-of-home care, greatly reduce costs to older adults, their families, and/or taxpayers;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAIRED LEGISLATURE:  
That the South Carolina General Assembly enact and the Governor sign legislation to increase state funding for in-home and community-based services for older citizens.

***5th Priority ~ INCREASED FUNDING FOR ABUSED ELDERLY***

WHEREAS, adult protective departments across the state of South Carolina have had significant fiscal problems providing safe emergency sheltering for the elderly who are victims of abuse, neglect, and exploitation;

WHEREAS, adult protective service agencies and volunteers are attempting to provide round-the-clock care for those who are vulnerable to being placed in harm's way because of frailty and dependence;

WHEREAS, existing funding is inadequate to provide the necessary shelter, rent, and services needed to care for the growing number of elderly abused victims who must be removed from their places of residency;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAIRED LEGISLATURE:  
That the South Carolina General Assembly enact and the Governor sign legislation that will provide increased statewide funding for necessary life-sustaining shelter, rent, and services needed to care for elderly abused victims who must be removed from their places of residency.

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## Additional 2006 Resolutions

*approved but not voted as priorities for the 2006 session of the General Assembly*

### **COVERAGE FOR INSURED VOLUNTEER DRIVERS**

WHEREAS, there are many Seniors who need volunteers to transport them to many necessary places such as doctors' offices, pharmacies, and grocery stores;

WHEREAS, volunteers are reluctant to transport individuals because of the liability;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAIRED LEGISLATURE:

That the South Carolina General Assembly enact and the Governor sign legislation to guarantee that any licensed driver, operating a currently insured vehicle to transport Seniors or persons with disabilities, not be liable beyond the coverage of the insurance, except in the case of gross negligence.

### **ELIMINATION OF SALES TAX ON FOOD**

WHEREAS, the sales tax on food places an undue hardship on many residents of South Carolina, many of whom are elderly and live on limited incomes;

WHEREAS, the sales tax is the most regressive of all taxes and impacts a basic quality of life;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAIRED LEGISLATURE:

That the South Carolina General Assembly enact and the Governor sign legislation to reduce the sales tax on all food stamp eligible products by one percent (1%) per year until the sales tax is eliminated on these products..

### **COORDINATION OF ABUSE COMPLAINT INVESTIGATIONS**

WHEREAS, the Nurse Aid Abuse Registry, a federally mandated program, is administered by the Division of Certification of the Department of Health and Environmental Control to maintain an individual record of each Certified Nursing Assistant who has findings of abuse, neglect, misappropriation of resident property, and/or findings in a court of law;

WHEREAS, according to DHEC statistics, 20 of 193 nursing homes and all 488 community residential care (assisted living) facilities in South Carolina are licensed and inspected by DHEC's Division of Health Licensing;

WHEREAS, DHEC regulations do not permit the Division of Certification to investigate an abuse complaint about a Certified Nursing Assistant in a licensed (non-certified) facility;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAIRED LEGISLATURE:

That the South Carolina General Assembly enact and the Governor sign legislation that authorizes the Division of Health Licensing of DHEC to investigate an abuse complaint against a Certified Nursing Assistant in a licensed (non-certified) facility and, if the complaint is upheld, bring sanctions to the Nurse Aid Abuse Registry.

### **STATEWIDE IN-HOME RESPITE PROGRAM**

WHEREAS, the South Carolina Department of Health and Human Services (DHHS) estimates that 45% to 88% of Seniors from age 65 through age 85 develop some dependence because of one or more health impairments;

WHEREAS, 80% of the care for these persons is provided by family, friends, or neighbors, preventing institutionalization of thousands of Seniors;

WHEREAS, when these impairments are advanced, such as in dementia/Alzheimer's disease, these support persons often will need assistance to provide the needed services;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAIRED LEGISLATURE:

That the South Carolina General Assembly enact and the Governor sign legislation to provide adequate funding for a statewide in-home respite program that will provide respite services in all 46 counties.

### **PROTECTION OF HOMESTEAD AGAINST NON-PAYMENT OF PROPERTY TAXES**

WHEREAS, the tax laws regarding non-payment of property taxes for South Carolina residents are unfair since there is no provision in place to protect citizens from the loss of homesteads when non-payment occurs;

WHEREAS, the current property tax laws allow homesteads to be sold for non-payment of taxes after a period of only two years;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAIRED LEGISLATURE:

That the South Carolina General Assembly enact and the Governor sign legislation to establish a committee to review current property tax laws with the aim of eliminating the provision that now allows the homestead of a South Carolina resident to be sold for non-payment of property taxes after a period of only two years.

**THIRD PARTY NOTIFICATION OF LAPSE NOTICES ON LONG TERM CARE INSURANCE**

WHEREAS, some Senior adults are failing to respond with timely premium payments on long term care insurance because of dementia or other illnesses which cause them not to realize the urgency of being current with their payments for continuing coverage;

WHEREAS, no requirement exists to ensure that a third party be notified when coverage is about to expire because of non-payment of the premium;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAIRED LEGISLATURE:

That the South Carolina General Assembly enact and the Governor sign legislation that requires insurance companies to notify the policy holder; a third party; and the insurance agent/agency servicing the policy so that coverage will not expire.

**HOME REPAIRS FOR SENIORS**

WHEREAS, many South Carolina Seniors own their homes and choose to age in place;

WHEREAS, some home repair companies, contractors, and suppliers target these Seniors, particularly in times of major disasters;

WHEREAS, many of these elderly homeowners are trusting and easily misled;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAIRED LEGISLATURE:

That the South Carolina General Assembly enact and the Governor sign legislation to require home repair companies, contractors, and suppliers to be registered and licensed with local government building officials to do business within the community.

**HEARING AIDS, ROUTINE VISION CARE, AND DENTAL CARE**

WHEREAS, Medicare does not classify hearing aids, routine vision care, and dental care as medical necessities substantiating an allowable Medicare claim;

WHEREAS, non-institutionalized Seniors with limited incomes and assets must often go without adequate hearing aids, routine vision care, and dental care because of lack of funds to purchase such services;

WHEREAS, the state of South Carolina recognizes the detrimental impact that a lack of adequate hearing, sight, and dental health has on the quality of life of the low income Senior population;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAIRED LEGISLATURE:

That the South Carolina General Assembly enact and the Governor sign legislation to provide financial assistance for hearing aids, routine vision care, and dental care to Seniors having incomes at or below 150% Federal Poverty Level, with limited assets, when other state or federal programs cannot provide this assistance.

**FUNDING FOR THE SOUTH CAROLINA SILVER HAIRED LEGISLATURE**

WHEREAS, the nonpartisan South Carolina Silver Haired Legislature was established by the General Assembly in 1999 under Act 84, with no funding to support its advocacy mission on behalf of the more than 650,000 Senior Citizens 60 years of age and older;

WHEREAS, attempts at SCSHL fund-raising have proved to be distracting from the established mission to recommend, advise, and promote issues to benefit state Seniors;

WHEREAS, a monetary need exists for the SCSHL to function as an organization;

NOW, THEREFORE, BE IT RESOLVED BY THE SC SILVER HAIRED LEGISLATURE:

That the South Carolina General Assembly enact and the Governor sign legislation to allow state taxpayers to contribute from their state tax refund for the support of the South Carolina Silver Haired Legislature, using a check-off box on their South Carolina income tax forms.

## *Members of the South Carolina Silver Haired Legislature*

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Mr. Chairman and Members of the Joint Commission on Aging:

I am Janet B. Agnew, President of The South Carolina Education Association-Retired. The South Carolina Education Association-Retired has a membership of education personal--- teachers, aides, cafeteria workers, and all other school staff that have retired from South Carolina Public Schools. Our ages are as varied as they can be. All of The SCEA-Retired membership is concerned about two large areas: **Retirement Benefits and Education Finance.**

**Retirement Benefits**

The SCEA-Retirees and all Retired State Employees would like to see our Guaranteed Annual Cost of Living increased to reflect the actual cost of living increase. We see that our dollar will not buy as much this year as last year. We see retirees who have very little to spend on food and medicine after all of the taxes and insurances are taken out of their retirement check. People who retired in the 70's and 80' have little extra to spend on necessities. The SCEA-Retired members would like to see the health, dental, and prescription drug plan improved. Our members would like to see our health, dental, and prescription drug plan restored to the level of premiums and benefits of 2000. However, w+e are realistic about our state health, dental, and prescription plans. We would like you to be sure that the current premiums and benefits remain



the same as last year. The SCEA-Retired membership includes members who retired years ago and do not receive enough money to pay for their medicine and food after Federal and State taxes and State Health Insurance are deducted from their checks. Some retirees are actually sending checks to the Retirement System to keep their insurance. Every day our office receives telephone calls asking about the Cost of Living Increase from the Retirement System. Every year our retirees hope that the COLA's that are given to the State retirees will exceed the promised 1%.

#### **Education Finance**

As Retired Public School employees, we have a vested interest in the Children of South Carolina. We spent many years teaching the children in South Carolina Public Schools. We are, therefore, concerned about the Education Finance Act of 1977 that provides funding to local school districts. Funding of Public Education is important to the welfare of our state. If we do not have fully funded public education, our future leaders will not be able to fill the jobs of tomorrow. A good example of this is the fact that I have a Physics minor in college with an emphasis in electronics from 1958. I have only had two physics courses since that time. I would not dare teach Physics to the children of today. We must be able to attract the best of the college graduates to teach our children. Therefore, we must make the jobs in public education

attractive to the students in college and universities of today. The South Carolina Education Association-Retired gives a scholarship to students who plan to teach. Our Scholarship fund gives four students \$1000 each per year for four years. Our scholarship winners must plan to be a teacher and attend a South Carolina college or university.

Our concern for the continuing improvement of our public school system is the main reason that the members of The SCEA-Retired **do** want public money to support **only** public schools. You know they say once a teacher always a teacher.

Some State Legislators are talking about refunding money to individuals from unexpected revenue in the general fund. All funds returned to tax payers reduce the money available in the General Fund of the State to be distributed to every agency of the state. The SCEA-Retired would like our State Legislators to study the South Carolina tax structure so that the tax structure will be more equal. At the last meeting of our volunteer Lobby Team that visited the Capital on January 18, 2006, many of the Retired members expressed concerns about the proposed increase in state sales tax. They are concerned about the retirees and low income people who will be greatly affected by the Proposed increase in sales tax. I would like to remind you that the first sales tax was called the Jimmy Burns sales tax--- 2 cents for education and 1 cent for the

state. We remember that the next 2 cents began as a tax that was to go to education. That money's use has been changed over the years. We are concerned that the 2 cent proposed tax for property tax relief will not be used for that purpose over the span of years. We are also concerned about how this tax will affect the seniors of all groups in the state, now just educators.

The South Carolina Education Association –Retired appreciates this forum for expressing our views. We would like to thank each member of the Joint Committee on Aging for their work in the Legislature to support the aging citizens of the South Carolina.

**The South Carolina Education Association—Retired**

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**LEGISLATIVE AGENDA – 2006**

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*Second Session of the 116<sup>th</sup> General Assembly of South Carolina*

**Retirement Benefits**

**Increase in guaranteed annual COLA**

**Increased retirement benefits**

**Improved health, dental, and prescription drug  
insurance**

**Education Finance**

**Full funding of the Education Finance Act of 1977**

**Public money for public schools only**

**More equitable South Carolina tax structure**

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**JOINT LEGISLATIVE COMMITTEE ON AGING  
ANNUAL PUBLIC HEARING**

February 2, 2006

Lynnda C. Bassham, Director Human Services  
Lower Savannah Council of Governments

Good afternoon. I am Lynnda Bassham, Director of Human Services for Lower Savannah Council of Governments. We serve Aiken, Allendale, Bamberg, Barnwell, Calhoun and Orangeburg Counties. I appreciate the opportunity to bring you an update on some exciting work in progress in our region. Our accomplishments are attracting national attention as we seek new ways to address some of our most pressing problems.

Today, I want to focus on three issues.

First, **access to information and assistance to make informed decisions about benefits and options.** It is a fact that many people don't plan ahead for long term care needs and when they face a crisis, whether as a family caregiver or a consumer, often people are not familiar with options and resources that may be available and may not know where to turn to find out about them.

Second, **transportation and mobility as key factors in retaining an independent life style.** As South Carolina continues to attract healthy, active retirees, to build retirement communities, often in rural areas of our state, and as our native South Carolinians age, we face the prospect of a rapidly-growing older adult population who will eventually need and demand services and amenities. Large numbers of us, in our last ten years of life, will not be able to drive safely. South Carolina's transportation resources are under-funded, often un-coordinated and many times non-existent in rural areas.

Third, **building an adequate infrastructure of consumer-focused home and community based services to meet future needs in the most efficient manner.**

**Access to Information and Linkage to a Support System**

In 2003, South Carolina was one of the first states selected by the Administration on Aging and the Centers for Medicare and Medicaid Services to develop a new model to help older adults, adults with disabilities and their family caregivers access supportive services and benefits. The vision for this program is the creation of a network of aging and disability resource centers that serve as visible and trustworthy sources of information and provide personalized help to find resources, both public and private. The Lower Savannah Council of Governments is the pilot site for South Carolina's Aging and Disability Information Center to develop and test this model.

During our first two years of development and operation we have implemented and tested some new options for consumers, including

- web-based software that helps service agencies with communication and service tracking in serving common clients – helps consumers avoid telling their story multiple times to access needed services
- a Medication Assistance Program, operated with faith-based and volunteer partnerships, that has assisted medically indigent adults with chronic illnesses to obtain life-sustaining medications valued at over \$470,000.00. in its first 15 months
- an on-line application for Medicaid nursing home or community based long term care waiver services using an easy to answer questionnaire which then fills out the form, helping both consumers and Medicaid eligibility determination staff. Family members can complete the form and submit it electronically in pilot counties, or get assistance from our staff in person or by telephone with the process
- partnership with our local Medicaid waiver office, targeting the most vulnerable consumers on the Medicaid waiver waiting lists and offering them help to find alternate resources while they wait for services.
- partnerships with local agencies to work together to avoid duplication of services and streamline the service intake process. Local agencies recently told evaluators that we have filled a significant void for requests that previously fell through the cracks.
- formalized working relationships with community agencies, including the 211 Helpline, to coordinate response and resources in emergencies and disasters.
- serving as regional “go-to” center for information and individual assistance with Medicare Part D. Our staff has helped hundreds of people with this confusing new benefit over the past two months and provided training statewide for other helping professionals.
- Co-location of specialists in the following areas: Information and Referral, Family Caregiver Support, Aging and Disability Benefits, Insurance Counseling, Long Term Care Ombudsman Services and employment services.

#### Transportation and Mobility

The Lower Savannah COG, where I work, was also the first regional transportation coordination program funded in South Carolina by SCDOT. We have an impressive record of accomplishments in this initiative also, including leading local communities in forming new a public transportation system in Allendale County and a new one coming in Bamberg County this spring, using NO new vehicles, sharing seats and coordinating scheduling among partner agencies.

This past summer, we worked with staff from the Lt. Governor’s Office on Aging and USC, to write and submit a grant application to the Centers for Medicare and Medicaid Services (CMS) for another grant to expand our ability to address some of the issues we encountered in developing the ADIC. South Carolina is *one of only 10 states* to be selected to go forward under this new Systems Transformation grant funding. Focus areas of this grant include

- implementation of two new ADIC’s in the Appalachian and Santee-Lynches regions.
- expansion of the original ADIC in the Lower Savannah region
- developing a process to prioritize the Medicaid elderly and disabled waiver waiting list.
- marrying the work of the LSCOG in transportation coordination with the development of the ADIC to develop and implement a new model Mobility Information, Assistance and Management center in our region. We will be designing, implementing and testing the center over the next five years, with assistance

from a variety of funding sources. This center will assist individuals to make travel arrangements with a coordinated network of transportation resources serving the region and will help to make better use of the resources we have. Better access to transportation helps older people, people with disabilities and people with lower incomes reach necessary destinations of daily life and work and promotes independent community living for people who can not drive themselves.

- Through this grant, we will also expand the SC Access web-based information system to include transportation information and more information on services for people with developmental disabilities.

Today, while you are hearing about and discussing issues and needs of older adults and their families in our state, we think it is important for you to hear about initiatives to address some of these issues. We hope that you will extend your support for our work and for continuing the expansion of the Aging and Disability and Transportation Information Center model in the state.

#### Consumer-focused Home and Community based Services

I also want to take this opportunity to commend the SC Department of Health and Human Services and the Lt. Governor's Office on Aging for their efforts to expand opportunities for older adults to live safely and healthily in their homes and communities for as long as it is appropriate. We have made considerable progress in making South Carolina's service system more consumer focused. Most consumers want to and can make sound decisions about the services they receive: what, when, where, how and from whom they receive them. We have heard loud and clear from consumers that they want to receive services in their homes and they want to have control over who provides their care and how it is provided. I urge our state policy makers to support this priority, by finding ways to expand support for home and community-based service options and by supporting the philosophy of consumer direction.

Taken together, improved access to information and resources, mobility that supports independence and consumer directed home and community-based services will do much to move South Carolina's service delivery system forward and to ready us for the wave of older adults who will look to us for help in the near future. Our state needs to make a commitment NOW to increase dramatically our infrastructure and planning for serving our citizens as we age.

We ask that you please lend your support to us in our work to help assure that South Carolina, our country's fourth most popular place to retire, will also be one of the very best places to age! Thank you.



Summary of Presentation at Joint Legislative Committee on Aging on February 2<sup>nd</sup>, 2006

Submitted by: Lee Shipman – Maxim Healthcare Services; February 22<sup>nd</sup>, 2006

In South Carolina, the present Certificate of Need (CON) Health Regulations pertaining to Home Health Licensing must be modified. One cannot obtain a Home Health License without a Certificate of Need. Obtaining a CON to provide services is virtually impossible, according to the terms of the 2004-2005 State Health Plan. Additionally, the State Health Plan focuses ONLY on Medicare driven agencies. Therefore, there are other types of providers (non-Medicare) that could greatly benefit numerous communities; yet, they are excluded and ignored.

There are (non-Medicare private duty) companies in SC that have skilled personnel (nurses, therapist, etc.) and unskilled personnel (nurse aides) on their staff. Some of these employees work at companies that provide services in the home under numerous state waiver programs. Hence they can provide services in the state without being a licensed home health company. **BUT**, they cannot provide dual services in the home at the same time because of SC's antiquated regulations. **How do you think "Mr. Jones" feels when he has a nurse in the home from ABC Company, but cannot have a nurse aide simultaneously at his physician's request because of our State Regulations? I can assure you he becomes angry and confused!** Is this how our government wants to treat the senior population, when SC is 5<sup>th</sup> in senior influx and relocation? I would hope not.

***Do you believe that seniors should have choices?*** They are choosing to move to South Carolina. Once they arrive shouldn't they continue to have choices, particularly as it pertains to healthcare providers? Many times, the senior population relies heavily on their primary physician or case manager to assist them in making the right choices. Yet, our government is limiting them as well.

There are presently approximately 3-10 providers (state-wide) that participate within the state's waiver programs. These programs focus primarily on "extended hourly care," which isn't truly represented in the State Health Plan. The "Plan" focuses primarily on intermittent care (visits) which is a majority of home care services, but not all-inclusive. Therefore, companies that could benefit the senior population are unable to do so to their fullest extent because of **OUR** Regulations.

Therefore, it is necessary to design an exemption under the CON Regulations (there are presently 12 exemptions) to allow these organizations to serve our increasing senior population.

I have enclosed a copy of the proposed exemption as well as a Q & A information sheet that may be of assistance. Thank you for allowing me the opportunity to vocalize these concerns. Please feel free to contact me at (843) 670-2016, should you have any questions.

Respectfully,

Lee Shipman



## Information Sheet on Proposed CON Exemption

- Question:** Why is there a need for this exemption when the State Health Plan deems that there is not a need for new Home Health Agencies?
- Answer:** The providers that will obtain a Home Health license under this exemption already provide services in this state. These providers have been servicing patients (geriatric & pediatric) under numerous state waiver programs. The programs utilize both skilled (Nurses) & unskilled (Nurse Aides) workers. Unfortunately, without a home health license, these providers cannot provide multiple disciplines in the home, (which is frequently requested by Case Managers affiliated with the state waiver programs.) Therefore, we (The State) are conceptually not allowing “new” home health agencies. We are tying together services that are presently being provided by existing organizations.
- Question:** Presently, how many organizations would qualify under this exemption to circumvent the CON process and obtain a home health license?
- Answer:** There are approximately 5-7 providers that provide both skilled and unskilled services under the state waiver programs in all three metropolitan service areas of Greenville, Columbia, & Charleston. Of these providers, only 1, maybe 2, are accredited by JCAHO. Therefore, very few companies would be presently eligible, which should create minimal debate by the existing home health agencies.
- Question:** Why is accreditation important?
- Answer:** It is a seal of quality within an organization. It allows only organizations of the highest caliber to meet this exemption, and serve the citizens of South Carolina.
- Question:** Who would benefit from this exemption?
- Answer:** **Patients (geriatric and pediatric)** - These patients may be presently receiving one service from a private duty provider. If another service (discipline) is prescribed or required by a Physician or Case Manager, the patient (under the new exemption) will be able to continue to work with its existing provider. Otherwise, these patients must either work with dual providers (which can be challenging), or switch providers all together, which may not be preferred by the patient.
- Physicians/Case Managers** - Minimize the “hassle” of setting up care with “too many hands in the pot.” This exemption can ease the process for them to ensure quality care, without having multiple providers in the home.
- Question:** Why should this exemption be considered, since there is a nursing shortage?
- Answer:** Again, these providers are presently providing services within the state. They already have existing staff to include: Nurses, Nurse Aides, & Therapists.

**Section 104. Exemptions:**

2. The following are exempt from Certificate of Need:
  - m. Private Duty Home Care Providers that presently participate in state-funded waiver programs (such as those administered by CLTC & DDSN.) Provider must have been providing services for five consecutive years, starting January, 1<sup>st</sup> 2001 (multiple locations within the same organization can fulfill this requirement as long as one location provided services prior to January 1, 2001.) Additionally, provider must be accredited by JCAHO (Joint Commission for the Accreditation of Healthcare Organizations) or similar accrediting entity. Future locations of provider will also be exempt, provided that participation among state-funded waiver programs continues within service area of new location. These (expanded) locations will have a 36 month grace period to become JCAHO accredited.

Prepared Statement of the South Carolina Department of Consumer Affairs on  
Fraudulent, Deceptive and Abusive Practices Against Senior Citizens  
before the

South Carolina Legislative Joint Council on Aging

February 2, 2006

Good morning I am **Brandolyn Thomas Pinkston, Administrator of the South Carolina Department of Consumer Affairs**. I am pleased to appear before you today to present issues about abusive financial and fraudulent marketing practices, especially those that affect the elderly. Older South Carolina citizens are most likely to have a "nest egg," own their home/ /or have excellent credit all of which the con-man will try to tap into. Fraudsters are very familiar with the old saying; "you can't get blood from a stone." Like any other businessman, the fraudster will focus his efforts on the segment of the population most likely to be in a financial position to buy whatever he is selling. Individuals who grew up in the 30's, 40's and 50's were generally raised to be polite and trusting. Two very important and positive personality traits, except when it comes to dealing with a con-man. The con-man will exploit these traits knowing that it is difficult or impossible for these individuals to say "no" or just hang up the phone.

Older South Carolinians are less likely to report a fraud because they either don't know who to report it to or are too ashamed at having been scammed. In some cases, an elderly victim may not report the crime because he or she is concerned that relatives may come to the conclusion that the victim no longer has the mental capacity to take care of his or her own financial affairs. When an elderly victim does report the crime, they often make poor witnesses. The con-man knows the effects of age on memory and he is counting on the fact that the elderly victim will not be able to supply enough detailed information to investigators such as: how many times did he call? What time of day did he call? Did he provide a call back number or address? Was it always the same person? Did you meet in person? What did he look like? Did he/she have any recognizable accent? Where did you send the money? What did you receive if anything and how was it delivered? What promises were made and when? Did you keep any notes of your conversations? The realization that they have been victimized may take weeks or, more likely, months after contact with the con-man. This extended time frame will test the memory of almost anyone. (See Predatory Lending attachment "cash poor but equity rich").

**Deceptive Prize Promotions and Lottery Clubs** One type of telemarketing fraud in which the victims are disproportionately elderly is the deceptive prize promotion. Typically, the consumer receives a call enthusiastically congratulating him or her on having been selected to receive a valuable award -- often described as thousands in cash, a car, a vacation, or jewelry. However, there is a "catch" that requires the consumer to send payment, often by an overnight courier service, in order to receive the prize. Then, although the consumer sends the payment as instructed, he or she does not receive the promised valuable prize. If the consumer receives any award at all, it is generally an item of little or no value, such as inexpensive costume jewelry or a travel certificate that requires huge outlays of cash to redeem. Losses per consumer for telemarketed prize promotions generally range from a few hundred dollars to thousands of dollars. In some instances, consumers have lost their entire life savings to such scams. Although prize promotion telemarketers often ask for only a small amount initially, in a process referred to as "reloading," phone crooks request ever increasing amounts from consumers, promising ever more valuable awards.

**Bogus Charities** Another type of telemarketing fraud, sometimes referred to as fraudulent "telefunding," targets consumers, often older citizens, willing to donate money to charitable causes. These scam artists often employ prize promotions, either raise money for bogus charities, misrepresent the amount of donations that go to a bona-fide charity, or make other material misrepresentations about how the donor's money will be used from scams.

**Business Opportunity Fraud** Many consumers - particularly recent retirees or workers who have lost their jobs through corporate downsizing - are attracted to advertisements touting opportunities for individuals to operate their own small businesses or to work from home. In many cases, these business opportunities involve distributing products or services through vending machines or retail display racks. Calls from would-be entrepreneurs responding to these advertisements are connected to a telemarketer, who glowingly describes the opportunity and the amount of money that can be made by following the company's business plan. To clinch the sale, the telemarketer often provides the consumer with the names and telephone numbers of other people who have purportedly purchased the business opportunity and from whom the consumer can receive a supposedly objective opinion. In fact, these purported purchasers are "singers" - individuals who are paid by the telemarketer to lie about the success of the business venture. After the consumer pays anywhere from hundreds to tens of thousands of dollars to become a distributor or to receive the business plan, he or she learns that the revenue projections of the telemarketer were highly inflated and that the only people who make money through the business opportunity are the telemarketers themselves.

**Credit Card Loss Protection/ ID Theft Protection** In yet another telemarketing scam, fraud artists try to get people to buy worthless credit card loss protection and insurance programs. The telemarketers, who prey on elderly and young adults, scare consumers with false stories, telling them that they are liable for more than \$50 in unauthorized charges on their credit card accounts; that they need credit card loss protection because computer hackers can access their credit card numbers through the Internet and charge thousands of dollars to your account, and that the telemarketer is from "the security department" and want to activate the protection feature on their credit card. This type of fraud affects senior citizens in particular.

**The Internet** To date, most of the fraud affecting the elderly has been perpetrated through the telephone. As seniors are to using the Internet, fraud operators can be expected to find them through this channel of communication and commerce. The Internet's promise of substantial consumer benefits is, however, coupled with the potential for fraud and deception. After buying a computer and modem, scam artists can erect and maintain a Web site for \$30 a month or less, and solicit consumers anywhere on the globe. What is different is the size of the potential market, and the relative ease, low cost, and speed with which a scam can be perpetrated.

**Consumer Education** Consumer education is an effective protection against fraud. It is especially important for older consumers to know their rights and learn how to assert those rights when dealing with when they suspect that they have been victimized through telemarketing fraud, identify fraud, charity fraud, door-to-door frauds, home repair, mail fraud and Internet fraud. To that end the Department of Consumer Affairs has opened three (3) locations around the state to assist consumers, launched a buyer beware list and ASK CONSUMER AFFAIRS, interactive live help on our Website and increasing the number of presentations made to senior audiences around the state.

# Fast a c t s

FOR CONSUMERS  
ON

## PREDATORY LENDING

(THE SOUTH CAROLINA HIGH COST AND

CONSUMER HOME LOAN ACT)



There was strong evidence in South Carolina that there were some subprime lenders routinely targeting families who could least afford high cost home loans. A number of these homeowners were elderly, poor, or uneducated. These lenders were promising loans that were "too good to be true" and pressuring borrowers to sign contracts they did not understand. **On June 3, 2003, Governor Mark Sanford signed the South Carolina High Cost and Consumer Home Loan Act, which protects consumers from unconscionable lenders and loan practices. The law takes effect January 1, 2004.**

Here's a quick look at some of the key measures in the new law. (For a brief history of this legislation, log on to the SCDCA website at [www.state.sc.us/consumer](http://www.state.sc.us/consumer) and click on the 'Predatory Lending Bill History' link.)

### Flipping

The law bans "flipping," the repeated refinancing of a loan. Flipping, the repeated financing of a loan, is prohibited within 42 months of an existing loan without providing the borrower with a net tangible benefit. Each time a loan is flipped, it strips the home of equity wealth in the form of high fees.

### Points and Fees Charged On A High Cost Loan

Financing of points and fees over 2.5% is prohibited. Points and fees are charges for the extension of credit in addition to the mortgage's interest rate on the note. The law limits financing of these charges to no more than 2 ½% of the loan amount.

### Credit Insurance

Financing prepaid, single premium life, disability, or unemployment insurance is prohibited in all home loans beginning **January 1, 2005**. Monthly pay credit insurance will be permitted beginning **January 1, 2005**. This is an important key element, since single premium credit insurance policies, when added into the loan and not disclosed, inflate a mortgage by thousands of dollars.

### Prepayment Penalties

Prepayment penalties are not permitted on loans of \$150,000 or less. Prepayment penalties frequently surprise borrowers who attempt to pay off a loan before the scheduled date through refinancing or other means. The prepayment penalty would require the borrower to pay an unexpected fee to refinance or may prevent a borrower who otherwise qualifies from being able to refinance if desirable or needed.

### Special Disclosure Requirements for Manufactured Housing

Disclosures regarding the material terms of the loan must be given 48 hours prior to finalizing the loan closing. If the terms of the loan change, a new disclosure must be given.



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### **Balloon Payments**

Balloon payments are prohibited under the new law. In this type payment schedule, the borrower would have low monthly payments, but then a large "balloon payment" would come due a few years later. If the borrower did not have the money for the payment (which could be double, or even triple the usual payment), the lender would foreclose on the home.

### **Mortgage Broker Responsibility**

Under the new law, the mortgage broker must work in the "best interest" of the borrower. The broker must act as an agent of the borrower. If the broker acts as an agent of any other party in the mortgage transaction, it must be disclosed to the borrower.

### **Mandatory Counseling on a High Cost Loan**

Anyone seeking to borrow money at a higher-than-market interest rate must attend a free credit counseling session. This will assist the borrower in understanding the material terms of the loan. Counseling would also disclose whether the borrower could afford the monthly payments in the loan. The borrower's "credit score" is also included on the form. The credit score is a number between 300 and 850 that lenders use to give credit and at what cost. A higher credit score—in the 700's or 800's—means that the borrower could get "prime" loans at lower rates; a low score means that the borrower qualifies only for "subprime" loans. Knowing the credit score can help the borrower negotiate a better loan.

### **Home Repair Loans**

Protects consumers who enter into home repair loans by mandating both the homeowner and contractor are named on any checks issued. The consumer will have the ability to refuse to endorse a check for incomplete work or work that was never started. Note: Does not include money for a new home construction loan or a purchase money loan for a home.

### **Title Lenders**

Limits have been placed on lenders who make loans on car titles. The annual rate may still be 300%, but the amount owed may not be renewed beyond six times. In addition, the borrower now has six additional months to pay off the debt with no new interest added.

## **HOW TO AVOID A PREDATORY LOAN**

- ☒ Always shop around.
- ☒ Ask questions.
- ☒ If you don't understand the terms of the loan, talk to someone you trust to review the document for you.
- ☒ Don't trust ads promising "no credit, no problem."
- ☒ Ignore high-pressure sales tactics.
- ☒ Don't take the first loan you are offered.
- ☒ Remember that a low monthly payment isn't always a deal; look at the cost of the loan.
- ☒ Be wary of promises to refinance the loan to a better rate in the future.

The Joint Legislative Committee on Aging  
Thursday, Feb. 2 at 1 PM  
Blatt Building, Room 101

Testimony provided by Dr. Victor A. Hirth  
Medical Director, Geriatric Services  
Palmetto Health  
Associate Professor of Medicine

Ladies and Gentlemen, thank you for this opportunity to talk to you today about issues that are very important to the health and wellbeing of our state. My name is Victor Hirth, I am a fellowship trained geriatric physician at PH and medical director for Geriatric Services. My interest in geriatrics started in high school when I was a nurse aid in a local nursing home.

First I would like to thank you for your hard work and effort this past legislative session when you passed important legislation to provide for loan forgiveness to physicians entering geriatric practice and strengthening and expanding the long-term care Ombudsman program.

I also would like to acknowledge the hard work and dedication of the Lieutenant Governor Andre Bauer and his staff in the Office on Aging in support of aging related issues and their help in promoting action in the advocacy of seniors.

South Carolina stands before a tremendous opportunity to enhance the care of its aging and in-migrating population most of whom are seniors. We've already taken a big step by being the first in the nation to have a loan forgiveness program for geriatric physicians who elect to practice in South Carolina. Now, ladies and gentlemen I would like you to consider the following three ways that care of seniors can be enhanced in a cost effective and efficient manner that most seniors would tell you they want.

**#1) Expansion of community based services.** All efforts should be focused on keeping seniors as independent as possible for as long as possible. We like our homes and where we live and seniors are no different. Sometimes the difference between institutionalization and staying at home may be an aid or nurse visit, it may be transportation to a doctor's appointment or it might be something as simple as someone going out to get some groceries for a senior who otherwise would not be able.

By increasing the availability of these types of community service you have created the opportunity to have substantial cost savings and improved patient care. Prevention or at least early intervention is always greater when problems and issues are identified early, such as in the home, before an urgent emergency room visit or hospitalization is required. These types of programs fit well into the Governor's instructions to blend Medicare and Medicaid services to achieve efficiencies and cost savings. Therefore, I would request that you consider opportunities where care can be taken to the patient as opposed to the patient always having to navigate an increasingly complex medical system.

Creating funding opportunities that prevent individuals from consuming unnecessary or inappropriate health care resources are good uses of state dollars.

Comprehensive programs like Palmetto Senior Care, a Program of All-inclusive Care for the Elderly (PACE) which allow people to remain in their homes while delivering all their medical, rehabilitation and even social needs should be expanded throughout the state. This concept leverages Medicare and Medicaid funds to meet the total needs of persons enrolled in the program. The opportunity to have substantial cost savings and improved patient care can not be underestimated. These types of programs fit well into the Governor's initiatives to move Medicaid services into managed care and self directed care models in order to achieve efficiencies and cost savings. Therefore, I would request that you :

A) Expand PACE to other areas of the state besides Richland and Lexington Counties.

B) Enhance and support other community based services which keep seniors independent and in their homes.

**#2) Lack of access to primary care** – Lack of access to primary care is a major impediment to seniors receiving medically appropriate care. Medicare reimbursements for senior care lag well behind medical inflation which is making access to care an ever increasing challenge for seniors looking for primary care medical homes. The SC state legislature should look for opportunities to enhance access to care for seniors by routes other than physician billing or payments. Recommendations:

A) Fund the loan forgiveness program annually as a budget line item

**#3) Increase Senior Research:** Seniors are the most understudied group of all people. Consequently there is a tremendous knowledge deficit in the optimal care of seniors. Most of our current knowledge base is extrapolated from healthy adult research, of which is predominately of males. The state of South Carolina with it's large senior population and interest in development of research infrastructure is well positioned to exploit this opportunity. In addition this can serve as a significant skilled job creation opportunity.

Honorable Ladies and Gentlemen our seniors are our future and our past. They are what made South Carolina what it is and they will shape our future in their retirement years. These issues present a challenge, but think about what you could provide for our seniors now and for yourselves in the future.

Thank you for your time and attention. It was a privilege to speak to you today.



JOINT COMMISSION ON AGING TESTIMONY  
FEBRUARY 2, 2006

THE SOUTH CAROLINA ASSOCIATION OF COUNCIL ON AGING DIRECTORS (SCACAD) ARE IN FULL SUPPORT OF THE AARP 2006 LEGISLATIVE SESSION BUDGET PRIORITIES. SCACAD JOINS AARP IN ADVOCATING FOR INCREASED FUNDING TO REDUCE THE WAITING LIST FOR COMMUNITY LONG TERM CARE AND OTHER HOME AND COMMUNITY-BASED SERVICES. INCREASED FUNING IN THESE AREAS WILL HELP SOUTH CAROLINIANS TO REMAIN INDEPENDENT AND IN THEIR HOMES AS LONG AS POSSIBLE.

THE \$1.2 MILLION FOR COMMUNITY LONG TERM CARE (CLTC) WILL FUND 500 ADDITIONAL SLOTS IN THE ELDERLY/DISABLED WAIVER.

THE \$3.9 MILLION REQUESTED FOR THE COMMUNITY BASED SUPPORTIVE SERVICES WOULD BE USED TO HELP ELIMINATED THE CURRENT WAITING LIST FOR IN-HOME AND COMMUNITY-BASED SERVICES SUCH AS, PERSONAL CARE SIDES, ADULT DAY SERVICES, TRANSPORTATION, HOME-DELIVERED MEALS, AND RESPITE CARE. ALL VITAL SERVICES, SERVICES IF PROVIED HELP TO AVOID THE HIGHER COST OF INSTITUTIONALIZATION. WE DO HOWEVER URGE YOU TO INDENTIFY THE INCREASED FUNDING TO BE UTILIZED AT THE

LOCAL PROVIDER LEVEL, AS THIS IS WHERE THE WAITING LISTS OCCUR. WAITING LISTS THAT INCREASE DAILY DUE TO 8 YEARS OF FLAT FUNDING AND A SHIFTING OF PRIORITIES AT THE STATE OFFICE ON AGING THE AREA AGENCY ON AGING LEVELS. WITH THE GROWING DEMAND FOR SERVICES, THE WAITING LISTS WILL CONTINUE TO GROW AND THE FRAILEST OF OUR ELDERGY WILL BE LEFT WITHOUT THE SERVICES THEY SO DESPERATELY NEED.

I THANK YOU FOR THE OPPORTUNITY TO SPEAK WITH YOU TODAY AND COMMEND YOU FOR THE WORK YOU DO ON BEHALF OF THE AGING POPULATION IN THE STATE OF SOUTH CAROLINA.

EXAMPLES OF SHIFTING OF PRIORITIES:

OMBUDSMAN – ADDITIONAL OMBUDSMAN STAFF WAS ADDED THIS FISCAL YEAR – BEGINNING JULY 1, 2005 – WITH MONEY THAT HAD ORIGINALLY BEEN USED TO PROVIDE ADDITIONAL HOME AND COMMUNITY BASED SERVICES. THIS RESULTED IN LESS MONEY BEING AVAILABLE FOR SERVICES AT THE LOCAL LEVEL TO BE USED TO MAINTAIN THE ELDERLY IN THEIR HOMES. WE ARE SUPPORTIVE OF THE OMBUDSMAN PROGRAM BUT FEEL THAT ADDITIONAL MONEY SHOULD HAVE BEEN USED, NOT EXISTING MONEY REALLOCATED.

CAREGIVER SUPPORT PROGRAM – AGAIN THIS PROGRAM IS A VIABLE, NEEDED PROGRAM, HOWEVER, THE VERY SERVICES THAT CARGIVERS NEED; RESPITE, HOME DELIVERED MEALS, ADULT DAY SERVICES, PERSONAL CARE AIDES ETC. ARE IN HIGH DEMAND AND SHORT SUPPLY. THE VERY SERVICES THAT THE CAREGIVER SUPPORT PROGRAM PAYS FOR CAN BE ABSORBED BY THE LOCAL SERVICE PROVIDERS AT A REDUCED COST. THIS WOULD FREE UP MONEY TO BE USED TO PURCHASE ADDITIONAL DIRECT SERVICE.

**AARP South Carolina and our Partners: SC Adult Day Services Association, SC Association of Area Agencies on Aging, SC Association of Councils on Aging, Protection and Advocacy for Persons with Disabilities, SCNASW**

**Budget Priorities  
2006 Legislative Session**

**Community Long Term Care (CLTC) and Home and Community-Based Services**

AARP-SC will advocate for increased funding to reduce the waiting list for Community Long Term Care and other home and community-based services so that South Carolinians can remain independent and in their own homes as long as possible. Home and community based services prevent or delay frail seniors and disabled persons from being admitted to nursing homes. Services include such assistance as personal care aides, adult day services, transportation, home-delivered meals, congregant meals, nutrition education, respite care and other services. Potential funding sources include general fund revenues, bingo tax revenues, and/or new cigarette tax revenues.

Currently 3,600 applicants, with low incomes and who meet nursing home "level of care," are on a waiting list for the Medicaid program, CLTC. Reducing this waiting list would not only keep people out of more costly nursing home care and save the state millions of dollars, it would also help South Carolina to comply with recent Supreme Court rulings, which require states to serve persons in the least restrictive environment within reasonable time limits.

Medicaid isn't the only provider of home and community based services. The Older Americans Act provides funding for services to seniors to remain in their homes through the state's Office on Aging. After flat funding for 8 years, the waiting list for these services is close to 4,000. In Florence, for example, seniors must wait as much as two years to begin receiving home-delivered meals. A recent study showed that of seniors with similar health conditions, those that received Meals on Wheels had fewer emergency room visits than those who did not receive meals. Investing in services to seniors in their own homes is a smart financial decision in more ways than one.

According to the Office on Aging, provision of community-based services such as home-delivered meals, home care and transportation cost an average of \$624 per individual annually – which is a bargain compared to nursing home care at \$25,000 per person.

**Budget request: Department of Health & Human Services - Community Long Term Care (CLTC)**  
**State funds for 500 slots \$1.2 million**

**Budget request: Office on Aging community-based supportive services – Elimination of the waiting list \$3.9 million**

February 2, 2006

Representative Denny Neilson, Chair  
Joint Legislative Committee on Aging

Dear Rep: Denny W. Neilson:

Sciatica problems prevent me from driving the 6 hour round trip to attend the Annual Public Hearing on Feb. 2, 2006. However, I would like the following comments to be read into the record:

As a member of the Lt. Governor's Advisory Council on Aging, I wish to thank the Legislature for passing the Geriatrician's Loan Forgiveness Bill of June 2005. Having attended the White House Conference on Aging in December 2005 as a National Delegate nominated by Congressman J. Gresham Barrett, I was disappointed when Congress made budget cuts affecting Title VII with reference to Geriatric Training and Education. South Carolina must provide for its own Geriatric Workforce of the future.

Also, due to the Title VII Medicaid and Medicare cuts, I propose this committee consider increasing the Tobacco Tax to help offset these cuts. We must provide monies to care for those who will require respiratory treatment due to smoking.

Thank you for your attention to these essential matters.

Mrs. Eileen Hayward  
25 Mizzen Lane,  
Salem, S.C. 29676  
(864) 944-0099

Member of the Geriatrics Development Board of the Medical University of SC



## **SOUTH CAROLINA HOSPITAL ASSOCIATION**

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Chairman Neilson, Members of the Joint Committee, I am Jim Walker, Vice President of the South Carolina Hospital Association. I appreciate the opportunity to appear before you today to talk about a serious problem that our hospital administrators fear will have a significant impact on the senior citizens of our state. That problem is the continuing shortage of healthcare workers needed to staff our hospitals.

We are quite aware of the growth of the senior population in South Carolina. In many communities, this growth has been even more rapid than was forecast.

Our hospitals have also been growing and changing to provide the services which are needed by senior citizens. Every year for the past ten years, our hospitals across the state have had more admissions and more ER visits than they did the previous years. In the past five years, more than 40% of the patients admitted to hospitals were 65 years of age or older.

This growth of patients also means there is an increasing demand for caregivers. Over the last 10 years, the number of RNs working in South Carolina hospitals has increased 39% from 14,948 to 20,716. Sixty-four percent (64%) of all RNs practicing in South Carolina work in hospitals. Last year, we hired 88.5% of the new graduates from our state's nursing education programs and we recruited 1500 more RNs from outside the state.

Even with all that effort, 31% of our hospitals had shortages of medical/surgical nurses, 24% had shortages of ER nurses, and 27% had shortages of OR nurses. We also had similar shortages of medicals technicians, physical therapists, and pharmacists.

In short, our colleges and universities are currently unable to meet the increasing demand for caregivers, and if something is not done soon, our hospitals will not be able to meet the needs of the growing senior population in South Carolina.

Every year qualified applicants are denied admission or put on long waiting lists for nursing or allied health education programs. This is happening because the colleges and universities have a shortage of qualified teaching faculty, a limited number of clinical slots available for practice and in some schools, limited instructional space to meet the growing demand for healthcare professionals.

Last week, SCHA submitted a letter to the Chairman of the Higher Education Subcommittee of the Ways and Means Committee requesting new state appropriations for the SC Technical College System and for the colleges and universities with nursing and allied health education programs to expand their capacities for training. We also requested that new incentive funds be created to encourage health professionals to become teaching faculty.

I would like to ask each of you on this Joint Committee to support those requests during the budgeting process. The schools clearly need more resources if they are going to meet this increasing need for healthcare professionals. And if we do not do something soon, the problems will only get worse as the “graying” of South Carolina continues.

Our hospitals are growing and changing to improve the quality of care they provide. But they must have an adequate supply of well-trained healthcare workers if they are to meet the needs of South Carolina’s seniors.